

In re Application of:

JUN HORIYAMA

Application No.: 09/426,878

Filed: October 26, 1999

For: METHOD AND APPARATUS FOR
COMMUNICATING FONT REGISTRATION
INFORMATION (as amended)

Docket No. 03500.013969

Examiner: P.H. Nguyen

Art Unit: 2143

Date: November 6, 2003

RECEIVED

NOV 14 2003

Technology Center 2100

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 36	MINUS	** 36	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 12	MINUS	*** 12	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

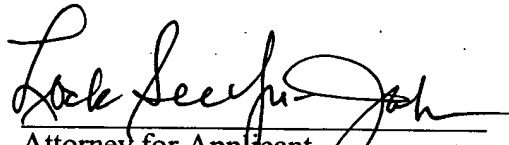
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

BEST AVAILABLE COPY

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

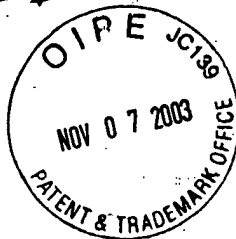

Attorney for Applicant
LOCK SEE YU-JAHNES
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New York, New York 10112-3801
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NYMAIN364650

Form #120

NY_MAIN 364650v1

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Assistant Commissioner for Patents
Washington, D.C. 20231

Date 12 130 199
Mo. Day Yr.

Atty. Docket 39C13969

Application No. 09426878

Sir:

Kindly acknowledge receipt of the accompanying:

- ☐ Response to Official Action. _____
- ☐ Check for \$ _____ (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ _____
- ☐ Notice of Appeal and Check for \$ _____
- ☐ Information Disclosure Statement, PTO-1449 and _____
- ☒ Claim for priority and certified copies of 1 _____ documents
- ☐ Issue fee transmittal and Check for \$ _____
- ☐ Other (specify) _____

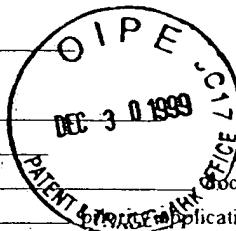
by placing your receiving date stamp hereon and mailing or returning to deliverer.

Atty. WTH/fq

Due Date N 1 3 13
Mo. Day Yr.

37 CFR 1.8 ☐
37 CFR 1.10 ☐
By Hand ☒

FOHS-B-95



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